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Under the Paperw	quirea to re	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				''		10/501,786-Conf. #6363		
FEE TRANSMITTAL						May 17, 2005		
For FY 2009			-			Halina MILLER-PODRAZA		
						J. S. Lau		
X Applicant claims small entity status. See 37 CFR 1.27				74101111		623		
TOTAL AMOUNT OF PAYMENT (\$) 1,035)	Attorney Docket No.		0933-0233PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FII	LING FEES	SEA	RCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330	165	540	270	220	110		(4)
Design	220	110	100	50	140	70	-	
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	030	0		
2. EXCESS CLAIM FEES Small Entit								
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims 390 195								
			Fe	ee Paid (\$) Multiple Deper			dent Claims	
30 -200	260.00	<u>Fe</u>	<u>e (\$)</u> <u>F</u>	Fee Paid (\$	<u>5)</u>			
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
$\frac{7}{440} = \frac{5 \text{ or HP}}{2} = \frac{2}{4000} \times \frac{110.00}{2000} = \frac{220.00}{2000}$								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00								
SUBMITTED BY SUBMITTED BY								
	and Call	78-514	4 T	Registration No.	28,977	Telephone	(703) 20	5-8000
Name (Print/Type) Ge				(Attorney/Agent)	1	Date	July 21	